

## **Introduction**

The Time Study is designed to isolate the percent time that all agency staff members and contractors spend 1) providing broad categories of early intervention services and the activities they engage in carrying out those services; and 2) administrative and other time not directly related to providing direct early intervention services.

The worksheet gathers a sample in 15 minute intervals of staff and contractor time spent in all workday activities over a two week period. From the sample, and for each staff or contractor, ratios of time spent performing various direct early intervention services to total time are applied to staff salaries or contractor fees. The result is an estimate of the direct personnel cost of providing each category of early intervention service.

## **Service Categories and Other Compensated Time**

Service Categories coded **N, R, E, F, D, S, A, P, C, K,** and **X**, listed below match, with minor differences, Categories that were selected for the Time Study section of a 2004 Virginia EI Cost Study. **N, R, E, F, D, S**, are broad categories of EI service based on procedures set forth in Federal Regulations for 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities. Based on federal regulations these categories comprise data types that are well defined, non-arbitrary, and standardized across programs. Categories **A, P, C,** and **K** selected from the Virginia Study represent Categories of time in support of EI, and **X**, also defined in the Virginia Study, represents time that is wholly unrelated to Part C early intervention services.

As appropriate, any regulatory references are included for Categories of services listed below. The full, current Part C regulations are at: <http://www.nectac.org/idea/303regs.asp>.

## **Supervision**

Coding for this variable identifies the category of service and other compensated time spent either supervising or under supervision. See rule 6 below for coding this variable on the Worksheet.

## **Activities**

Once estimates of time spent in the various Categories of direct service are made the time may be further broken down by process or "Activity" related to providing the services. This is done by multiplying the ratio of time spent in each activity for a Category to total time spent in the Category.

Activities, code **1** through **9** are processes related to early intervention service delivery, selected for time study across service Categories **R, E, F, N, D, S**. Activities are NOT tracked OR coded for Categories **A, P, C, K,** and **X**. Definitions of Activities **1** through **9** are provided below with examples.

## **Part C**

The Time Study Worksheet collects information about the time spent providing categories of direct service to clients and their families who have been identified on their IFSP as Part C eligible. See rule 7 below for coding this variable on the Worksheet.

### **Filling out the Time Study Worksheet**

1. Print the information requested in the top three rows of the Worksheet:

*Your [full] Name,*

*Your Position:* [your professional title or other primary role in the Organization],

*Organization:* [name the agency you work for],

*For the week Ended:* [this is the date of the Sunday of the week in which you worked],

*Your telephone Number:* [your work phone number],

*The area you serve:* [a brief description of the geographic area you serve]

2. Each row of the Time Study Worksheet represents a 15 minute interval in a workday starting at 7:00 AM and proceeding down a series of pages to 7:00 PM. Columns in the Worksheet represent Day 1 through Day 7 for a calendar week of time during which Intervention Services may be provided.

3. The leftmost sub-column of each "Day" column, "Cat", is for coding a Category of Service for each 15 minute interval. Categories are designed to be mutually exclusive and exhaustive for each time interval. If more than one service is performed in a 15 minute interval, code the interval with only ONE code according to the following hierarchy:

1<sup>st</sup> - **N** - Intervention

2<sup>nd</sup> - **R** - Referral and Intake

3<sup>rd</sup> - **E** - Evaluation and Assessment

4<sup>th</sup> - **F** - IFSP development and Meeting

5<sup>th</sup> - **D** or **S** – Service Coordination

6<sup>th</sup> - If none of the 5 Categories above took place in any 15 minute interval, code the Category that took up the greater part of the 15 minute interval.

Example: Sally, not the designated service coordinator, made a service coordination phone call and provided Occupational Therapy in the same 15 minute interval. She codes "N" for Intervention, NOT "S" for service coordination because "N" is above "S" in the hierarchy

Example for the 6<sup>th</sup> priority: Sally was attending a general staff meeting starting at 8:00 AM. After 10 minutes of the meeting she began feeling sick. At that point she left the meeting and took the rest of the morning off. She coded "A", Administration for the 8:00 to 8:15 interval, and "K", Sick for all the intervals from 8:15 to noon.

Day 1			
Time	Cat	Act	C
7:00 AM	N		
7:15			
7:30			

Above Example, code **N** for Intervention

Special Note about coding uncompensated lunch breaks: Leave the intervals blank OR draw a horizontal line through each interval used for your lunch period.

4. Use the right hand sub-column, **Act**, of each **Day** column to code an Activity, **1** through **9**, related to the Service Category that you coded for each time interval.

Day 1			
Time	Cat	Act	C
7:00 AM	N	5	
7:15			
7:30			

Example, coding **5** for the Direct Service Activity while doing Intervention

Activities are only coded for Categories of Service; **N, R, E, F, D**, and **S**. Do NOT code an Activity for Categories **A, P, C, K**, or **X**. Activities are coded using a single code, **1** through **9**. If more than one Activity took place in any 15 minute interval code the entire 15 minute interval according to the following hierarchy:

1<sup>st</sup> Travel – If any part of a 15 minute interval for a Category of Service involved travel, the entire interval must be coded **6** for travel.  
See an explanation of what is considered travel activity below under the heading, “Type of Activity.”

2<sup>nd</sup> Direct Service – If face-to-face contact with child and/or family took place and travel did NOT take place in a 15 minute interval, code the complete interval **5**, Direct Service.

3<sup>rd</sup> If more than one of any of the other seven Activities, and NOT Travel or Direct Service, took place in any 15 minute interval, code the Activity that took up the greater part of the 15 minute interval.

4<sup>th</sup> If you perform an Activity that does not fit any of the nine listed Activities, use code **10** and describe the activity in the comments section of last page of the Time Study Worksheet.

6. If you are spending time with you supervisor OR are supervising in any of the following ways, a. through e. below, draw a circle around the coded Category units of time for which this variable applies. All categories, **N** through **X** are eligible for coding for this “Supervisor” variable.

	Day 1		
Time	Cat	Act	C
7:00 AM	N		
7:15			
7:30			

Indicates that the direct service or other time was spent under supervision or supervising

- a. Documentation related to personnel matters such as review/revision of job descriptions, performance reviews, disciplinary matters, and attendance.
- b. Supervision of the work that you do including observation, consultation and providing direction in all aspects of job functions.
- c. Supervisory or subordinate activity in response to complaints submitted by families and interagency partners regarding the day-to-day operations relative to services.
- d. Meetings of any kind with your supervisor.
- e. Activity relating to required supervision specified by licensing regulations.

7. If the client or client's family for whom you are providing and coding a service, **N, R, E, F, D,** and **S** has been determined Part C eligible, place a check mark in the "**C**" sub column.

	Day 1		
Time	Cat	Act	"C"
7:00 AM	N	5	✓
7:15			
7:30			

Place a checkmark if the client or family is Part C

## **"Cat" - Categories of Service - Definitions**

One of the following Categories of Service must be selected for each 15 minute segment of time on the Cost Time Study Worksheet.

### **N - Intervention**

Intervention or "Early intervention services" as defined by federal regulation §303.12 are: "...services that – (1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development; (2) Are selected in collaboration with the parents' (3) Are provided under public supervision; By qualified personnel...In conformity with an individualized family service plan...At no cost...And

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meet [State standards]. Under current federal regulation §303.12(d) types of early intervention services include, with current regulatory references:

1. Assistive Technology device[s]. §303.12(d)(1)(i) through (vi).
2. Audiology. §303.12(d)(2)(i) through (vi).
3. Family training, counseling, and home visits. §303.12(d)(3)
4. Health services. §303.12(d)(4) also §303.13 for qualifications
5. Medical services only for diagnostic or evaluation purposes... §303.12(d)(5)
6. Nursing services §303.12(d)(6)(i) through (iii)
7. Nutrition services §303.12(d)(7)(i) through (iii)
8. Occupational therapy §303.12(d)(8)(i) through (iii)
9. Physical therapy §303.12(d)(9)(i) through (iii)
10. Psychological services §303.12(d)(10)(i) through (iv)
11. Social work services §303.12(d)(11)(i) through (v)
12. Special instruction §303.12(d)(12)(i) through (iv)
13. Speech-language pathology §303.12(d)(13)(i) through (iii)
14. Transportation and related costs... [travel costs] "...that are necessary to enable a child eligible under this part and the child's family to receive early intervention services." §303.12(d)(14)
15. Vision services §303.12(d)(15)(i) through (iii).

## **R - Referral & Intake Activity**

This category, consistent with §303.321 "Comprehensive child find system", includes activities related to receiving a child and/or family referral into your agency, "in-referral;" OR "out-referral" of a child and/or family to services or programs prior to or instead of early intervention services. Use this code and not "Service Coordination" any time you are conducting "in- or out-referral" activity including:

1. Accepting the referral
2. Confirming the referral source
3. Completing the referral form
4. Initiating the documentation required to develop and maintain an early intervention record for each child referred, irrespective of the outcome (eligible or not, accept or decline services, etc.) of the referral
5. Explaining Family Rights prior to obtaining parental consent
6. Explaining procedural safeguards in the family's primary language, or other mode of communication, including in writing
7. Obtaining written parental consent to proceed
8. Initiating requests for information with informed, written parental consent
9. Gathering information from and with the family prior to intake
10. Conducting a parent interview to determine areas of concern
11. Compiling and beginning to complete the intake packet
12. Completing documentation required to develop and maintain an early intervention record for each child for whom intake has been completed including appropriate notes and reports such as summaries of information, key correspondence, and releases of information.

13. Expediting appointment of a Service Coordinator as soon as possible and arranging for and expediting Evaluation and Assessment activities, and an IFSP meeting in accordance with §303.342 “Procedures for IFSP development.”
14. Communicating with the referral source regarding next steps
15. Referring to other agencies for other services prior to enrollment in ILP.

## **E - Evaluation and Assessment**

Child assessment is review by qualified personnel of available current medical records and health history and by personal observation to determine the child’s strengths, needs, and level of functioning as measured using specific, standardized tests. (Paraphrased, current federal regulation §303.322, proposed federal regulation §303.320) Family assessment is through assessment tool and voluntary family interview by qualified personnel the identification of a families’ capacity to meet the developmental needs of the family’s infant or toddler with disability as determined by Child assessment. (Paraphrased, current §303.322(d), proposed §303.320(c)) Evaluation is the method/procedures used to review the assessments of child and family to determine the child’s initial and continuing eligibility consistent with the definition of an infant or toddler with a disability. (Paraphrased, current §303.322(b)(1), proposed §303.320(2)(i))

1. Planning assessment and evaluation procedures with selected evaluation team members prior to the actual assessment and evaluation.
2. Participation in a multidisciplinary team reviewing assessments to determine eligibility
3. Gathering information as part of the assessment process, including medical records and existing records of assessments completed within the last 6 months.
4. Together with team members, reviewing and selecting initial intake information for assessment and evaluation to determine eligibility.
5. Conducting assessment activities including observations, interviews, administration of appropriate tests, completion of testing protocols, and writing related reports.
6. Completing the Evaluation Summary Form.

## **F - IFSP Development and Meeting**

The focus of this category is on the IFSP meeting and its purpose; that of choosing services for the benefit of child and family. The category should be used to indicate managing providing services specified on an IFSP. Reference current federal regulations: §303.340 through §303.344.

1. Meeting to develop initial IFSP timelines.
2. Ensuring that an initial IFSP is developed for each eligible child within 45 days of referral
3. Ensuring that each family understands the IFSP process, is familiar with the IFSP format, and is well prepared as an equal participant to the IFSP team for the scheduled meeting
4. Setting up an IFSP meeting including pre-IFSP meetings with IFSP team members and the eligible child’s family
5. Setting up annual IFSP meetings and 6 month periodic reviews
6. At the initial and in subsequent IFSP meetings, helping a family identify outcomes and short term goals for their child and themselves.
7. Along with team members at the initial and in subsequent IFSP meetings, identifying the supports, resources, and services needed to achieve IFSP outcomes.
8. Leading or joining in the development, review, and evaluation of an IFSP.

**D - Service Coordination or “Case Management” by “designated service coordinator”**

Service Coordination Services are required and defined by current Part C federal regulation §303.23(a) and (b), §303.344 NOTE 3, as “Activities carried out by a [single designated] service coordinator to assist and enable child eligible [a Part C eligible child] and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State’s early intervention program.” The Service Coordinator [serves] as the single point of contact in helping parents to obtain the services and assistance they need. (Designated coordinator responsibility §303.23 (a)(2)(ii)) Service Coordination services begin [under this category] after a child has been determined eligible for Part C services. As specified by federal regulation service coordination includes:

1. Coordinating all services across agency lines (designated coordinator responsibility
2. Informing families of the availability of advocacy services
3. Assisting families in identifying available service providers [including non-required services,’ other services’]
4. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service
5. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided
6. Facilitating the timely delivery of available services
7. Coordinating and monitoring the delivery of available services;
8. Coordinating with medical and health providers;
9. Coordinating the performance of [periodic and annual] evaluations and assessments; including: obtaining relevant releases and authorizations necessary for evaluation and assessment activities; and advising the parent/s or legal guardian/s of their procedural safeguards related to eligibility determination
10. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child’s eligibility
11. Facilitating the development of a transition plan to preschool services, if appropriate.

In practice, service coordination may be provided for a child and family by the “service coordinator” designated in the child’s IFSP, but may receive “service coordinator” services from other agency staff and professionals. If service coordination is provided by other than the “designated” service coordinator, use the following code for service coordination by other than the “designated” service coordinator:

**S - Service Coordination by OTHER THAN the “designated service coordinator.”** This is the same as **D**; Service Coordination above except the service coordination is performed by someone other than the service coordinator, as identified on the client’s IFSP.

**A - General and Administrative Functions.** This category is not specific to early intervention and should be used for all generic compensated administrative activity that is not distinguishable by program.

1. Staff Meeting that may include case staffing
2. Breaks
3. Compensated lunches, if it applies. Typically most lunchtime is not compensated and should not be recorded in the time survey.
4. Time with other staff members not professional consultation
5. Periodic performance review or other supervisor-subordinate meetings that do not involve direct early intervention service delivery. Example: meetings between two or more administrative or clerical staff members, or between a direct service practitioner and an administrative or clerical staff member.
6. Training related to agency requirements such as OSHA, universal precautions, etc.
7. General Clerical support, including data entry by administrative support staff.

**K - Sick Time that is compensated, Vacation time, Holiday time**

### **P - Personnel Development**

Training directly related to service to infants, toddlers and their families. The training may include orientations, teleconferences and workshops about intervention techniques, in-house training, and learning by observing another person providing direct services. In cases of learning by observation the observer will use code **P**, for personnel development, and the person providing the direct service example will use **N** for Intervention if actual Intervention service is being provided. If the service delivery example in a learning-by- observation session is not delivery of an actual service, both the observer and the demonstrator will use code **P**.

### **C - Community Collaboration**

1. Distributing public awareness and early intervention materials to physicians
2. Collaborative child screening for child eligible candidates.
3. Developmental Screening for the Neonatal Intensive Care Unit (NICU)
4. Interagency meetings
5. Provider meetings in a networking context.
6. Training for other community stakeholders
7. State level EI Task Forces & Committees
8. Meeting with community partners who are involved in supporting children and families including childcare providers, WIC representatives
9. Meeting with community partners who are involved in supporting children and families including interagency activities, and community collaboration



## **X- Services and agency activity not related to Part C processes in this Time Study**

1. Care Coordination and Case Management for other populations.
2. Other service related activities in which you participate that are not related to early intervention including intervention, service coordination, etc. to populations outside of infant learning
3. Supervisory time not related to Part C activities

**“Supervision”** – For all Categories of Service EXCEPT “K” (Sick, Holiday, Vacation Time), place a circle around the Category if you are either supervising someone else or if you are being supervised.

## **“Act” - Type of Activity - Definitions**

### **1 - Documentation**

1. This is the actual act of documenting activities including writing progress notes, completing required forms, data entry, and so forth.
2. Report writing is not included under this type of activity

### **2 - Preparation**

1. This is time spent preparing for the referral, intake, evaluation and assessment, IFSP meeting or intervention, reviewing IFSP outcomes, researching or gathering information specifically related to a child outcome within an IFSP.
2. Completion of documentation is recorded as documentation, code 1 above, not Preparation

### **3 - Collateral Meeting with Other Professionals**

1. This is meeting with other professionals as fellow members of the child and family’s team for the purposes of evaluation and assessment, IFSP development including transition activities, or intervention
2. If the activity includes direct contact with the family and/or child, then the type of activity is Direct Service, code 5, NOT Collateral Meeting with Other Professionals.

### **4 - Consultation**

This is activity with other professionals that is planned for, and defined in the child’s Individualized Family Service Plan. This should not be for ad hoc time with other professionals.

### **5 - Direct Service**

This is face-to-face contact with the child and/or family. It does not include telephone contact. But it does include the writing of contact logs when done with the family present.

**6 - Travel**

1. Travel means proceeding toward and returning from a destination in order to deliver a category of early intervention service. It includes pauses unless some other early intervention service is provided during the pause. Example: An EI practitioner leaves home, travels to her city's airport and leaves for a destination where she will deliver Intervention services. Along the route the plane stops for two hours at an intermediate airport where she performs no EI service. She will code; "Intervention", "Travel" for all the 15 minute intervals from the time she left home through the two hour layover. However, if she used part of the two hour layover, say one hour of it to prepare for an IFSP meeting, she would code the 15 minute intervals in that hour **F** for IFSP Meeting and Development and **2** for Preparation Activity.
2. Travel means travel during normal work hours and overtime hours, but does NOT INCLUDE overnight layover hours or hours, spent overnight before beginning the next workday. These types of travel-related hours are not part of compensated time and are not accounted for in the Time Study.

**7 - Report Writing**

This is the actual writing and documenting of reports related to intake, evaluation and assessment, IFSP development including transition activities, or intervention.

**8 - Telephone and E-Mail Contact**

This is calling or receiving a phone call or E-Mail specifically from a client family. It is not the same as phoning or Emailing a fellow practitioner, which is coded **2** for Preparation, **3** for Collateral meeting with Other Professionals, **4** for Consultation, or **10** for Other than listed. Also, do not code for Direct Service when speaking with a client family over the phone, code **8** for Telephone and E-Mail Contact.

**9 - No Show/ Cancellation/Attempted Home Visit**

Only use this code if a no show, cancellation or attempted home visit occurred and no other activity took place while waiting for a client. Any part of an attempted home visit that includes travel will be coded for travel, and not coded **9** for attempted home visit.

**10 - Other than listed activity**

Use this activity if there is no other activity that represents what you are doing. Give an explanation of the activity Comments section on the last page of the Time Study Worksheet.